Jefferson County Human Services Department

1541 Annex Road - Jefferson, WI 53549-9803 - (920) 674-8726

Billing Statement

Client Number(s): 99999

2/2/2010 Monthly Maximum Fee: \$27

Billing Date: 08/21/2014

First Name, Last Name Street Address City, State Zip

Amount Due

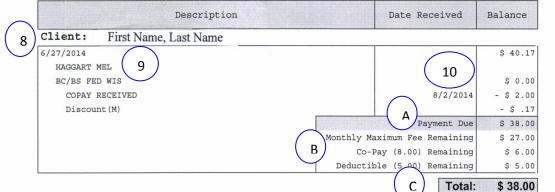
\$ 38.00

Amount Enclosed \$

Please return this portion with your payment

Personal P	ayment Summary Si	ince Last Billing Statement
Date Rec'd 8/02/2014	Total Rec'd \$ 2.00	Applied to Service Dates 6/27/2014
,	(6)	7

Billing Detail



Summary of Balances				
Current	30-59 Days	60-89 Days	90+ Days	
\$ 38.00	\$ 0.00	\$ 0.00	\$ 0.00	



Jefferson County Human Services Department 1541 Annex Road - Jefferson, WI 53549-9803 - (920) 674-8726

Page 1/1

Breakdown of the Payment Due for the particular service.

> Co-Pay (amount) remaining the amount in parenthesis

represents total co-pay due for that service.

Deductible (amount) remaining

- the amount in parenthesis represents total deductible due for that service.

The total of all Services payment due

A breakdown of how long balances have been due

Index

Client number associated with person responsible for payment

A monthly fee based on a families ability to pay. If your billing statement says **Unknown** – it means you have not provided your financial information to Mary Ostrander at 920-674-8142

The date the Billing Statement was run

The total amount due for this bill

Personal Payments since last billing statement. Breakdown

5. Date Payment Received 6. Total amount of Payment

7. The Service dates the payment was applied to

The name of the Client for whom services were performed.

The Date of the service and Name of provider. Insurance billed, copay or deductible received and Discount if applicable

The date a payment was 10 received

> Payment due for the particular service

Summary of all charges: **Total Charges minus** payments and discounts = Balance due.